BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003								10823853					
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								ENTITY		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS				7				TYPE	FEE	·	RATE	FEE	
FOR				NUMBER FILED		JMBER EXTRA		BASICF			BASIC FEI		
T.	OTAL CHARGE	EABLE CLAIMS	 -	7						- 101	1	1.70.00	
INDEPENDENT CLAIMS				5 minus 20=			1	X\$ 9=	=	OF	X\$18=	ļ	
			J	minus 3 =				X43=		OF	X86≃		
L	TOTAL DEPE	ENDENT CLAIM I	PHESENT					±145=		OF	+290=		
* If the difference in column 1 is less than zero, enter "0" in colu							. !	TOTAL	_	OF	L	7.70	
CLAIMS AS AMENDED - PART II									<u> </u>	l	OTHER	17-4-9-	
· ·	(Column 1) (Column 2) (Column 3)								ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	. ADDI- TIONAL FEE	
	Total	*	Minus	**		= ,	1	X\$ 9=	d d	OR	X\$18=		
	Independent	<u> </u> *	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
							. L	+145= TOTAL		٦,,,	TOTAL	 	
		(Column 1)		(Colum	n 2)	(Column 3)	. A	DDIT. FEE	Ē L		ADDIT. FEE	L	
テト		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER JSLY.	PRESENT EXTRĂ		RATE	ADDI- TIONAL FEE	-]	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** '		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MIL	JLTIPLE DEF	PENDENT C	CLAIM		-	4.45		1			
			•				L	+145=	ļ	OR	+290= TOTAL		
		•					ΑC	DDIT. FEE	Ļ	OR ,	ADDIT. FEE		
		(Column 1) CLAIMS		(Column HIGHES		(Column 3)			<u>,</u>				
		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	*	Minus	4-4		=		X\$ 9=		OR	X\$18=		
	ndependent	*	Minus	***		=	 	X43=			X86=	· · · · ·	
F	IRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM					OR	7.00-		
,,,,							1 +	·145=		OR .	+290=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE ADDIT. FEE													
Th	e "Highest Numb	iber Previously Pai ier Previously Paid	o Hor" IN THIS For" (Total or I	SPACE is le (ndependent	ss than is the h	3, enter "3."' ighest number f			ropriate box			- 1	